



AUSTRALIAN CLOGGING ASSOCIATION Inc.

Leader Registration Form

P
L
E
A
S
E

P
R
I
N
T

C
L
E
A
R
L
Y

Please complete a **SEPARATE** form for each club (ie different name) that you teach/instruct at:

Name

Phone

What year did you start cueing/teaching Clogging?

How many Clogging Clubs do you teach/instruct at?

Please complete the following for the classes that **YOU** teach/instruct.

Name of Club

	Location of Class (suburb, state etc)	Starting Time	Finishing Time	Levels Taught
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Does any other ACA member teach/instruct at the same Club?

YES/NO (Strike out whichever is not applicable)

If YES, please state which is the nominated leader for voting material or other ACA mailings.

Name

Phone

Office Use Only:

Date Received: _____

Do you wish to have a Club Diary listing in the ACA Newsletter? YES/NO

Do you wish to have a Club Diary listing on the ACA Website? YES/NO

(NB: Diary listings include the Name and Phone Number of the leader nominated for Voting Rights)